

POLICY

Medications for each youth in a residential juvenile justice facility must be administered as prescribed by a designated staff member or medical contractor. This policy applies to over-the-counter (OTC) medications, prescription medications, and controlled substances; see JR3 380, Prescription Practices.

The use of psychotropic medications as a behavior management tool without regard to any therapeutic goal is strictly prohibited. Psychotropic medication may never be used as a method of discipline or punishment; see JR3 340, Psychotropic Medications.

Staff must keep personal medications to a minimum, in their possession, and never provide them to any youth. Staff use of any facility medications, including over-the-counter medications, is strictly prohibited. Staff must ensure that visitors limit the number of medications brought into the facility to the minimum necessary and that these medications remain in the custody of the visitor and are never provided to a youth.

In cases where the youth is 18 years of age, parental/guardian notifications, approvals and objections discussed in this policy are provided/applicable to the youth.

PURPOSE

To ensure that each youth receives his/her correct medication as prescribed and with proper consent.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Staff designated to store, dispense and dispose of medications must come from the following groups:

- Program manager (youth residential director).
- Shift supervisor (youth specialist supervisor).
- Youth group leader.
- Social worker.
- Youth specialist.
- Youth aide.

- Contracted medical staff including nurses, medical and pharmacy technicians.

Private agencies may determine their own designated medication staff.

PROCEDURE

Each facility must develop and implement written standard operating procedures for medication administration. These procedures must include the following requirements:

MEDICATION OBJECTIONS

Staff must report receipt of any parent/guardian medication objection to the prescribing authority within one business day. Any case when this report cannot be made within the time limit must be reported to the facility director. Any case in which the physician is not notified of an objection within three business days must be reported to the Director, Juvenile Justice Programs. The physician and facility director, in consultation with the parent/guardian, must determine an appropriate course of action.

DISCONTINUING MEDICATIONS

All prescription medications to be discontinued must be documented with a written order from the prescribing authority.

MEDICATION DISPENSING

Medication for each youth must be dispensed:

- As prescribed. Psychotropic medications must only be administered with informed consent; see JR3 340, Psychotropic Medications.
- By a contracted medical staff or trained and designated staff in one of the positions listed in this policy.

Dispensing Rules

Staff must dispense medication in accordance with the six right rules for medication dispensing. These are:

- Right youth. Staff dispensing the medication must positively identify the youth.
- Right medication. The prescription, medication administration record form, and label on the medication container must match.
- Right dose. The dose must be that specified on the medication container.
- Right time. Unless otherwise directed in writing by the prescriber, medications must be dispensed within 30 minutes either side of the time listed on the medication administration record.
- Right route. This is the means by which the medication enters the body.
- Right documentation. Staff must document the medication being taken or refused on the medication administration record.

Dispensing Medication

The staff designated to dispense medication must wash his/her hands prior to beginning the process.

The staff must focus exclusively on medication dispensing at the scheduled time and limit youth movement, noise and activities in the medication administration area.

The staff must avoid dispensing medications in an area that poses a risk of losing the medication if dropped, such as near a sink, toilet or drain.

The staff must not dispense any medication that is obviously discolored, malformed, broken, or that has an unusual odor.

The staff must assist each youth individually while taking medication. Staff must provide the youth with a disposable cup of water or other specified liquid (for oral medication) and observe the medication being taken by asking the youth to:

- Open his/her mouth to show he/she has swallowed the medication. Staff may ask the youth to pull away his/her cheeks from the gums and or pull away his/her tongue to aid in a thorough search if deemed necessary (for example, a youth with past history of hiding medications or cheeking).

**Dispensing
Parenteral
Medication**

- Follow any special written instructions (for example, take medication with food) for administering the medication.
- Check the water cup when returned to make sure the youth has not returned the medication to the cup.

While most medication is taken orally (enteral), some medications will have other routes (parenteral). Dispensing of intramuscular and intravenous medications must be conducted by a qualified medical staff.

Administration of Epinephrine pens (Epi-pens) may be conducted by any of the following:

- Qualified medical contractors.
- Trained staff. Staff supervising youth and carrying these devices are considered designated staff to administer these medications and must be trained in their use.

Administration of individual doses of subcutaneous insulin for diabetics or Glucagon for those with hypoglycemia may be conducted by any of the following:

- Qualified medical contractors.
- The youth with diabetes if the youth demonstrates satisfactory willingness, behavior and competency to administer the injection. The youth shall be afforded access to only the dose prescribed.
- Designated staff trained in the use of the syringe or pen. Glucagon is administered only by injection.

Administration of insulin via an insulin pump must be the subject of a written facility plan approved by the facility director and physician. The plan must describe the role of the physician, medical staff, facility staff, and the youth including describing how to monitor the youth and actions to take based on status of the youth.

Nebulizers and Inhalers

Staff must receive training in the use of nebulizers and inhalers prior to administering medications to youth via this route. Staff must observe youth for proper use of inhalers.

Youth Observation

Following medication dispensing, staff must continue to monitor the youth for side effects, allergic response, or other reactions. Should these occur, staff must respond to the youth's condition, make an immediate report to their supervisor, and complete an incident report.

Medication Administration Documentation

Staff must record the dispensing of all medications:

- On a medication administration record form approved by the facility director. Forms provided by the medication vendor may be used.
- For controlled substances, on the vendor-supplied, Controlled Medication Inventory Record, in addition to the medication administration record.
- By initialing the record form(s) in the appropriate box.

Staff must record all as-needed PRN (Pro Re Nata) medications on the form when provided to the youth.

When a youth is allowed to self-administer PRN medications (for example, an albuterol inhaler), the staff must record the reported use/doses taken.

Staff must file completed medication administration forms in the youth's medical record.

Staff must make medication administration records available to the parent/guardian, juvenile justice specialist, and case management organization caseworker for review on request.

**Documentation of
Medication Refusal**

Staff must document medication refusal on the medication administration record form by taking the following actions:

- Write the letter "R" in the appropriate block of time for the medication that was refused.
- Ask the youth to initial the refusal. If the youth refuses to initial the refusal, note the refusal to initial on the record form by a note on the back of the form (for example, Youth refused to initial for 0800 dose of Concerta on May 30, 2014.).
- Complete an incident report documenting the medication refusal including medication name, dose, dose time, youth's basis for refusal (if known), and staff efforts to obtain cooperation.

Staff may never use medication refusal as the basis for youth discipline.

**Medication
Dispensing While
Off-Site**

In cases where an off-site activity, such as court, is planned, staff must dispense medications as prescribed. Transport staff must be trained and designated to maintain custody of medications until the appropriate time for dispensing. Procedures for dispensing medications remain in effect.

**MEDICATION
ERRORS**

Medication errors are defined as any time a medication is not given as prescribed including but not limited to:

- Missed dose.
- Wrong dose.
- Wrong youth.
- Overdose when a youth takes too much of a medication or takes the medication via the wrong route (for example, snorting an oral medication).

In the event that the dose is missed or unavailable to be given, staff must circle the missed dose block on the medication administration record form in red ink.

Staff must immediately notify their supervisor of a medication error and begin actions to ensure youth safety in collaboration with medical staff. Such actions include but are not limited to:

- Staff observation of the youth.
- Consultation by the physician.
- Scheduled medical appointment(s)
- Evacuation to another medical facility/hospitalization.

Staff must complete an incident report for any medication error.

LEGAL BASIS

The Child Care Organizations Act, 1973 PA 116, MCL 722.111 et seq

Michigan Administrative Code, R400.5101 through R400.5940

Child Caring Institutions Rules, R400.4160